

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PARA PLATE 3242 E. Olympic Blvd., Los Angeles, Ca. 90023		1. Generator's US EPA ID No. CAX000036483	Manifest Document No. 701737	2. Page 1 of	Information in the shaded areas is not required by Federal law.
4. Generator's Phone ( )		6. US EPA ID Number CAX000036483	C. State Transporter's ID 701737	D. Transporter's Phone 213/698-0991	
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID	
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier, Ca. 90602		10. US EPA ID Number CAD042245001	G. State Facility's ID CAD042245001	H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. WASTE ORM-A N.O.S., NA1693 (Flexosolvent) ORM-A Z		1	25	G	211
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above PERCHLOROETHYLENE N-BUTANE POLYPROPYLENE		K. Handling Codes for Wastes Listed Above R01			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name MAX STEVANS		Signature [Signature]		Month Day Year 10/24/86	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ISAAC Woods Jr		Signature [Signature]		Month Day Year 06/24/86	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space RECEIVED 19.3 gAL					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name STEVEN SIMPSON		Signature [Signature]		Month Day Year 06/24/86	

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